

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022983

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JUL 16 1962

Primary Registration District No.

1002

Registrar's No.

3407

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN KANSAS CITYLength of stay in lb
74 YEARS

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION 3683 SUMMIT STREET

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY JACKSON

c. CITY
OR
TOWN KANSAS CITYInside Limits
Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS
3638 SUMMIT STREET

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
CHARLESMiddle
FREDERICKLast
DINKLAGE4. DATE
OF
DEATHMonth
JUNEDay
25thYear
19625. SEX
MALE6. COLOR OR RACE
CAUCASIAN7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/10/80

9. AGE (last birthday)

81

10. IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DRIVER-CHAUFFEUR

10b. KIND OF BUSINESS OR INDUSTRY

YELLOW CAB CO

11. BIRTHPLACE (City and state or country)

FORT SCOTT KANSAS

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

UNKNOWN DINKLAGE

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

MYRTLE DINKLAGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

17. INFORMANT

MRS. MYRTLE DINKLAGE 3683 SUMMIT ST.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH

2 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary Arteriosclerosis

years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Bronchial Asthma

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour a.m. Month, Day, Year
p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec. 1953 to June 25, 1962 and last saw her alive on June 25, 1962
Death occurred at 4.00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

W. A. Slentz, M.D.

22b. ADDRESS

4320 Wornall Rd. Kansas City 11, Mo.

22c. DATE SIGNED

6-26-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

JUNE 28, '62

23c. NAME OF CEMETERY OR CREMATORY

MT. MORIAH CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

MISSOURI

24. FUNERAL DIRECTOR

1331 Brush Creek Blvd.

25. DATE RECD. BY LOCAL REG.

6-28-62

26. REGISTRAR'S SIGNATURE

Ruth H Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

D.R. Wm. A. Schaefer M.D.
4320 Wornall Rd. 388
8:00 - 4:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P.O. Address Indes, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.